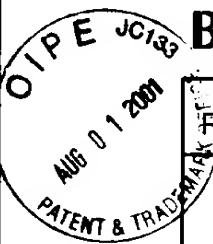


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BAKER BOTTS LLP

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) A31964-072874.0113
In re Application of Cameron et al.		
Application Number 09/444,459	Filed 11/22/99	
For Methods and Compositions for Pain Management		
Group Art Unit 1623	Examiner L. Leary	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- ☒ One month (37 CFR 1.17(a)(1)) \$ 110
- ☐ Two months (37 CFR 1.17(a)(2)) \$
- ☐ Three months (37 CFR 1.17(a)(3)) \$
- ☐ Four months (37 CFR 1.17(a)(4)) \$
- ☐ Five months (37 CFR 1.17(a)(5)) \$

- ☒ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 55
 - ☒ A check in the amount of the fee is enclosed.
 - ☐ Payment by credit card. Form PTO-2038 is attached.
 - ☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.
 - ☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 02-4377
- I have enclosed a duplicate copy of this sheet.

- I am the ☐ applicant/inventor
- ☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
 - ☒ attorney or agent of record.
 - ☐ attorney or agent under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a) _____

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

07/30/01
Date
PTO Reg No.: 46,861

Signature
Michelle LeCointe
Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.